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1c90 U.S. PTO

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 042390.P6770
First Inventor Robert P. Hale
Title METHOD AND APPARATUS TO ENABLE CROSS-PLATFORM...
Express Mail Label No. EL034439153US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1. Fee Transmittal Form (e.g., PTO/SB/17)
2. Applicant claims small entity status.
3. Specification
4. Drawing(s)
5. Oath or Declaration
6. Application Data Sheet.

- 7. CD-ROM or CD-R in duplicate, large table or Computer Program
8. Nucleotide and/or Amino Acid Sequence Submission
a. Computer Readable Form (CRF)
b. Specification Sequence Listing on:
c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 9. Assignment Papers
10. 37 C.F.R. § 3.73(b) Statement
11. English Translation Document
12. Information Disclosure Statement
13. Preliminary Amendment
14. Return Receipt Postcard
15. Certified Copy of Priority Document
16. Request and Certification under 35 U.S.C. 122
17. Other: CHECK FOR \$1,102.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No:

Prior application Information: Examiner Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

18. CORRESPONDENCE ADDRESS

Customer Number of Bar Code Label



PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Correspondence address below

Name, Address, City, State, Zip Code, Country, Telephone, Fax

Name (Print/Type) Paul A. Mendonsa
Registration No. (Attorney/Agent) 42,879
Signature Date 11/29/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Complete if Known

Application Number
Filing Date November 29, 2000
First Named Inventor Robert P. Hale
Examiner Name
Group/Art Unit
Attorney Docket No. 042390.P6770

TOTAL AMOUNT OF PAYMENT (\$ 1,102.00

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

☒ Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☐ Applicant claims small entity status. See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	
24 - 20** = 4	X	18.00	= \$72.00
Independent Claims 7 - 3** = 4	X	80.00	= \$320.00
Multiple Dependent			

**or number previously paid, if greater, For Reissues, see below

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	260	204	135	Multiple Dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 392.00

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	390	216	195	Extension for response within second month	
117	890	217	445	Extension for response within third month	
118	1,390	218	695	Extension for response within fourth month	
128	1,890	228	945	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	126	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$

SUBMITTED BY

Name (Print/Type) Paul A. Mendonsa

Registration No. 42,879
(Attorney/Agent)

Complete (if applicable)

Telephone (503) 684-6200

Signature

Paul A. Mendonsa

Date

11/29/00

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